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\*Admitted only in Texas  
\*Practice Limited to  
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October 11, 2002

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Commissioner for Patents  
Washington, D.C. 20231

Art Unit 2811

Re: U.S. Utility Patent Application  
Appl. No. 09/742,366; Filed: December 22, 2000  
For: **Enhanced Die-up Ball Grid Array and Method for Making the Same**  
Inventors: Khan *et al.*  
Our Ref: 1875.0200000

Sir:

Transmitted herewith for appropriate action are the following documents:

1. Second Supplemental Information Disclosure Statement;
2. PTO Fee Transmittal (Form PTO/SB/17);
3. Form PTO-1449 listing cited documents (AA1, AB1, AC1, AD1, AE1, AF1, AG1, AH1, AI1, AJ1, AK1, AL1, AN1, AO1, AP1, AQ1, AA2, AB2, AC2, AD2, AE2, AF2, AG2, AH2, AI2, AA3, AB3, AC3, and AD3);
4. Copies of documents cited on Form PTO-1449;
5. Reply Under 37 C.F.R. § 1.111;
6. Letter to PTO Draftsman: Submission of Formal Drawings;
7. 21 sheets of Formal Drawings (Figures 1A, 1B, 2A-2C, 3-8, 9A, 9B, 10A, 10B, 11, 12A-12C, 13-15, 16A-16D, 17, 18, 19A-19C, 20, 21);

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October 11, 2002  
Page 2

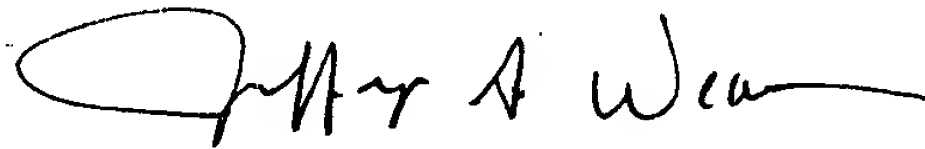
8. Return postcard; and
9. Our check no. 36994 for \$180.00 to cover fee for late submission of IDS.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

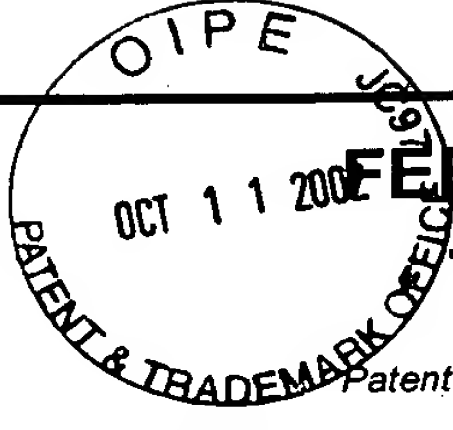
STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



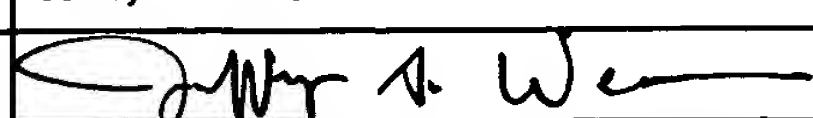
Jeffrey S. Weaver  
Attorney for Applicants  
Registration No. 45,608

JSW/asl  
Enclosures

SKGF\_DC1:50131.1

|  |  |                          |                     |
|--|--|--------------------------|---------------------|
|  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="font-size: small;">Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b> |                     |
|  |  | Application Number       | 1875.0200000        |
|  |  | Filing Date              | December 22, 2000   |
|  |  | First Named Inventor     | Reza-ur Rahman Khan |
|  |  | Examiner Name            | Nitin Parekh        |
|  |  | Group Art Unit           | 2811                |
| TOTAL AMOUNT OF PAYMENT  |  | (\$ 180.00)              |                     |
| Attorney Docket No.  |  | 1875.0200000             |                     |

| METHOD OF PAYMENT (check one)  | FEE CALCULATION (continued)               |                |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
|--|---|----------------|----------------------|--|--|-----------------|----------|-------|--------|-----------------|----------|--------------------|----------|----------|----------|-----|-----|-------------------|-----|-----|-----|-------------------------------------|-----|------------------|----|-----|-----|--|-----|--------------------|-----|-----|-----|---------------------------|----|------------------------|-------|--------------------------|-------|--|--|-----|------|---|------|--|----------------|----------|-----------------------|-----|--------|---|---|-----|--------------------|-----|----|--|-----------------|----------------|-----------------|-----------------|-----|---|-----|-----|------------------------|-----|-----|--|----|-----------------------------------|-------|-----|-----|---|--------------------------|-----|-------|-----|-----|---|-----|-----|-----|-----|---|--------------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|----------|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----------------------|--|--|--|--|--|-----------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--|---|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|-----|--------------------|--|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|--------------------------|--|--|--|--|--|---|--|-------|----------------|----------|-----------------------|---|---|------------------------|---|---|--------------------|--|---|----------------|-----------------|----------------|-----------------|-----------------|-----|----|-----|---|------------------------|-----|----|-----|----|-----------------------------------|-----|-----|-----|-----|--------------------------|-----|----|-----|----|---|-----|----|-----|---|---|--------------------------|--|--|--|--|---------------------------------|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Deposit Account Number</td> <td>19-0036</td> </tr> <tr> <td>Deposit Account Name</td> <td>Sterne, Kessler, Goldstein &amp; Fox P.L.L.C.</td> </tr> </table> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input checked="" type="checkbox"/> Other*</p> <p style="font-size: x-small;">*Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.</p> | Deposit Account Number                    | 19-0036        | Deposit Account Name | Sterne, Kessler, Goldstein & Fox P.L.L.C.                                  | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large</th> <th>Entity</th> <th>Small</th> <th>Entity</th> <th>Fee Description</th> <th>Fee paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>\$180.00</td></tr> <tr><td>581</td><td>40</td><td>481</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) :</td></tr> <tr><td colspan="6">Other fee (specify) :</td></tr> <tr><td colspan="6">*Reduced by Basic Filing Fee Paid</td></tr> <tr> <td colspan="2"> <h3>1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6"><b>SUBTOTAL (1) (\$)</b></td></tr> </tbody> </table> </td> <td colspan="2"> <h3>2. EXTRA CLAIM FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims - 29** =</td> <td>X</td> <td>=</td> </tr> <tr> <td>Indep. Claims - 3 ** =</td> <td>X</td> <td>=</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>=</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim</td></tr> <tr><td>108</td><td>84</td><td>209</td><td>42</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5"><b>SUBTOTAL (2) (\$)</b></td></tr> </tbody> </table> <p style="font-size: x-small;">** or number previously paid, if greater; For Reissues, see above</p> </td> </tr> <tr> <td colspan="2"> <b>SUBTOTAL (3) (\$ 180.00)</b> </td> </tr> </tbody></table> | Large           | Entity   | Small | Entity | Fee Description | Fee paid | Fee Code           | Fee (\$) | Fee Code | Fee (\$) |     |     | 105               | 130 | 205 | 65  | Surcharge - late filing fee or oath |     | 127              | 50 | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 139                | 130 | 139 | 130 | Non-English specification |    | 147                    | 2,520 | 147                      | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 112 | 920* | 112   | 920* | Requesting publication of SIR prior to Examiner action |                | 113      | 1,840*                | 113 | 1,840* | Requesting publication of SIR after Examiner action |   | 115 | 110                | 215 | 55 | Extension for reply within first month |                 | 116            | 400             | 216             | 200 | Extension for reply within second month |     | 117 | 920                    | 217 | 460 | Extension for reply within third month |    | 118                               | 1,440 | 218 | 720 | Extension for reply within fourth month |                          | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month            |     | 119 | 320 | 219 | 160   | Notice of Appeal         |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 130 | 123 | 130 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | \$180.00 | 581 | 40 | 481 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) : |  |  |  |  |  | Other fee (specify) : |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | <h3>1. 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Claims - 3 ** =</td> <td>X</td> <td>=</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>=</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim</td></tr> <tr><td>108</td><td>84</td><td>209</td><td>42</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5"><b>SUBTOTAL (2) (\$)</b></td></tr> </tbody> </table> <p style="font-size: x-small;">** or number previously paid, if greater; For Reissues, see above</p> |  | Extra | Fee from below | Fee Paid | Total Claims - 29** = | X | = | Indep. Claims - 3 ** = | X | = | Multiple Dependent |  | = | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | 103 | 18 | 203 | 9 | Claims in excess of 20 | 102 | 84 | 202 | 42 | Independent claims in excess of 3 | 104 | 280 | 204 | 140 | Multiple dependent claim | 108 | 84 | 209 | 42 | **Reissue independent claims over original patent | 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) (\$)</b> |  |  |  |  | <b>SUBTOTAL (3) (\$ 180.00)</b> |  |
| Deposit Account Number   | 19-0036                                   |                |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Deposit Account Name   | Sterne, Kessler, Goldstein & Fox P.L.L.C. |                |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Large  | Entity                                    | Small          | Entity               | Fee Description  | Fee paid   |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Fee Code   | Fee (\$)                                  | Fee Code       | Fee (\$)             |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 105  | 130                                       | 205            | 65                   | Surcharge - late filing fee or oath  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 127  | 50  | 227            | 25                   | Surcharge - late provisional filing fee or cover sheet                     |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 139  | 130                                       | 139            | 130                  | Non-English specification  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 147  | 2,520                                     | 147            | 2,520                | For filing a request for <i>ex parte</i> reexamination                     |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 112  | 920*                                      | 112            | 920*                 | Requesting publication of SIR prior to Examiner action                     |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 113  | 1,840*                                    | 113            | 1,840*               | Requesting publication of SIR after Examiner action                        |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 115  | 110                                       | 215            | 55                   | Extension for reply within first month                                     |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 116  | 400                                       | 216            | 200                  | Extension for reply within second month                                    |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 117  | 920                                       | 217            | 460                  | Extension for reply within third month                                     |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 118  | 1,440                                     | 218            | 720                  | Extension for reply within fourth month                                    |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 128  | 1,960                                     | 228            | 980                  | Extension for reply within fifth month                                     |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 119  | 320                                       | 219            | 160                  | Notice of Appeal   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 120  | 320                                       | 220            | 160                  | Filing a brief in support of an appeal                                     |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 121  | 280                                       | 221            | 140                  | Request for oral hearing   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 138  | 1,510                                     | 138            | 1,510                | Petition to institute a public use proceeding                              |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 140  | 110                                       | 240            | 55                   | Petition to revive - unavoidable   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 141  | 1,280                                     | 241            | 640                  | Petition to revive - unintentional   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 142  | 1,280                                     | 242            | 640                  | Utility issue fee (or reissue)   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 143  | 460                                       | 243            | 230                  | Design issue fee   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 144  | 620                                       | 244            | 310                  | Plant issue fee  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 122  | 130                                       | 122            | 130                  | Petitions to the Commissioner  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 123  | 130                                       | 123            | 130                  | Petitions related to provisional applications                              |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 126  | 180                                       | 126            | 180                  | Submission of Information Disclosure Stmt                                  | \$180.00   |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 581  | 40  | 481            | 40                   | Recording each patent assignment per property (times number of properties) |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 146  | 740                                       | 246            | 370                  | Filing a submission after final rejection (37 CFR 1.129(a))                |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 149  | 740                                       | 249            | 370                  | For each additional invention to be examined (37 CFR 1.129(b))             |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 179  | 740                                       | 279            | 370                  | Request for Continued Examination (RCE)                                    |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 169  | 900                                       | 169            | 900                  | Request for expedited examination of a design application                  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Other fee (specify) :  |   |                |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Other fee (specify) :  |   |                |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| *Reduced by Basic Filing Fee Paid  |   |                |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| <h3>1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6"><b>SUBTOTAL (1) (\$)</b></td></tr> </tbody> </table>  |   | Large Fee Code | Entity Fee (\$)      | Small Fee Code   | Entity Fee (\$)  | Fee Description | Fee Paid | 101   | 740    | 201             | 370      | Utility filing fee |          | 106      | 330      | 206 | 165 | Design filing fee |     | 107 | 510 | 207                                 | 255 | Plant filing fee |    | 108 | 740 | 208  | 370 | Reissue filing fee |     | 114 | 160 | 214                       | 80 | Provisional filing fee |       | <b>SUBTOTAL (1) (\$)</b> |       |  |  |     |      | <h3>2. EXTRA CLAIM FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims - 29** =</td> <td>X</td> <td>=</td> </tr> <tr> <td>Indep. Claims - 3 ** =</td> <td>X</td> <td>=</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>=</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim</td></tr> <tr><td>108</td><td>84</td><td>209</td><td>42</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5"><b>SUBTOTAL (2) (\$)</b></td></tr> </tbody> </table> <p style="font-size: x-small;">** or number previously paid, if greater; For Reissues, see above</p> |      | Extra  | Fee from below | Fee Paid | Total Claims - 29** = | X   | =      | Indep. Claims - 3 ** =                              | X | =   | Multiple Dependent |     | =  | Large Fee Code                         | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | 103 | 18                                      | 203 | 9   | Claims in excess of 20 | 102 | 84  | 202                                    | 42 | Independent claims in excess of 3 | 104   | 280 | 204 | 140                                     | Multiple dependent claim | 108 | 84    | 209 | 42  | **Reissue independent claims over original patent | 110 | 18  | 210 | 9   | **Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) (\$)</b> |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Large Fee Code   | Entity Fee (\$)                           | Small Fee Code | Entity Fee (\$)      | Fee Description  | Fee Paid   |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 101  | 740                                       | 201            | 370                  | Utility filing fee   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 106  | 330                                       | 206            | 165                  | Design filing fee  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 107  | 510                                       | 207            | 255                  | Plant filing fee   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 108  | 740                                       | 208            | 370                  | Reissue filing fee   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 114  | 160                                       | 214            | 80                   | Provisional filing fee   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| <b>SUBTOTAL (1) (\$)</b>   |   |                |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Extra  | Fee from below                            | Fee Paid       |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Total Claims - 29** =  | X   | =              |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Indep. Claims - 3 ** =   | X   | =              |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Multiple Dependent   |   | =              |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| Large Fee Code   | Entity Fee (\$)                           | Small Fee Code | Entity Fee (\$)      | Fee Description  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 103  | 18  | 203            | 9                    | Claims in excess of 20   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 102  | 84  | 202            | 42                   | Independent claims in excess of 3  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 104  | 280                                       | 204            | 140                  | Multiple dependent claim   |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 108  | 84  | 209            | 42                   | **Reissue independent claims over original patent                          |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| 110  | 18  | 210            | 9                    | **Reissue claims in excess of 20 and over original patent                  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| <b>SUBTOTAL (2) (\$)</b>   |   |                |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |
| <b>SUBTOTAL (3) (\$ 180.00)</b>  |   |                |                      |  |  |                 |          |       |        |                 |          |                    |          |          |          |     |     |                   |     |     |     |                                     |     |                  |    |     |     |  |     |                    |     |     |     |                           |    |                        |       |                          |       |  |  |     |      |   |      |  |                |          |                       |     |        |   |   |     |                    |     |    |  |                 |                |                 |                 |     |   |     |     |                        |     |     |  |    |                                   |       |     |     |   |                          |     |       |     |     |   |     |     |     |     |   |                          |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |          |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |  |  |                       |  |  |  |  |  |                                   |  |  |  |  |  |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |  |   |  |       |                |          |                       |   |   |                        |   |   |                    |  |   |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                          |  |  |  |  |                                 |  |

| SUBMITTED BY      |   | Complete (if applicable)          |        |           |              |
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| Signature         |  |                                   |        | Date      | 10-11-02     |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Khan *et al.*

Appl. No. 09/742,366

Filed: December 22, 2000

For: **Enhanced Die-Up Ball Grid Array  
and Method for Making the Same**

Art Unit: 2811

Examiner: Nitin Parekh

Atty. Docket: 1875.02000000

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Payton

**Letter to PTO Draftsman: Submission of Formal Drawings**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith are twenty-one (21) sheets of formal drawings with Figures 1A, 1B, 2A-2C, 3-8, 9A, 9B, 10A, 10B, 11, 12A-12C, 13-15, 16A-16D, 17, 18, 19A-19C, 20, 21, corresponding to the informal drawings submitted with the above-captioned application. Identification of the drawings is provided in accordance with 37 C.F.R. § 1.84(c). Acknowledgment of the receipt, approval, and entry of these formal drawings into this application is respectfully requested.

It is not believed that an extension of time is required, other than any already provided herewith. However, if an extension of time is needed to prevent abandonment of the application, then such extension of time is hereby petitioned. The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

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Date: 10-11-02

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